

## HAWAII STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM OF MESSION

(Type or Print Clearly) **PARTI LOBBYIST** NAME (Last) (First) (Middle) TELEPHONE Rae David W. (808) 674-3117 MAILING ADDRESS (Street) FAX James Campbell Building, Suite 250; 1001 Kamokila Blvd. (808) 674-3349 (City) (State) (Zip Code) Kapolei HI 96707 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Kapolei Property Development, LLC (an affiliate of James Campbell Company LLC) (808) 674-6674 MAILING ADDRESS (Street) James Campbell Building, Suite 250; 1001 Kamokila Blvd. (808) 674-3349 (City) (State) (Zip Code) Kapolei HI 96707

PART II ORGANIZATI	ON		
NAME OF ORGANIZATION YO	TELEPHONE		
Kapolei Property Deve	цс) (808) 674-6674		
MAILING ADDRESS (Street)	FAX		
James Campbell Build	(808) 674-3349		
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
David W. Rae	(808) 674-3117		
MAILING ADDRESS (Street)	FAX		
James Campbell Build	(808) 674-3349		
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<b> ✓</b> Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
Bradford Myers		President	OR PERSON REPRESENTED		
	pplicable)		TELEPHONE		
Bradford Myers	,				
Bradford Myers  NAME OF ORGANIZATION (if a	,	President	TELEPHONE		
Bradford Myers  NAME OF ORGANIZATION (if a Kapolei Property Develo  MAILING ADDRESS (Street)	,	President  of James Campbell Company LLC)	TELEPHONE (808) 674-3121		
Bradford Myers  NAME OF ORGANIZATION (if a Kapolei Property Develo  MAILING ADDRESS (Street)	pment LLC (an affiliate	President  of James Campbell Company LLC)  ila Blvd.	TELEPHONE (808) 674-3121		
Bradford Myers  NAME OF ORGANIZATION (if a Kapolei Property Develo  MAILING ADDRESS (Street)  James Campbell Buildin	pment LLC (an affiliate	President  of James Campbell Company LLC)  ila Blvd.	TELEPHONE (808) 674-3121 FAX (808) 674-3349		
Bradford Myers  NAME OF ORGANIZATION (if a Kapolei Property Develor MAILING ADDRESS (Street)  James Campbell Buildin (City)  Kapolei	g, Suite 250; 1001 Kamok (State)	President  of James Campbell Company LLC)  ila Blvd.	TELEPHONE (808) 674-3121  FAX (808) 674-3349  iip Code) 6707		
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